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		S	ubstitute	for Form PTO-	875			10/	OTHER	THAN
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	SMALL ENTITY	
	FOR NUMBER F			FILED NUMBER EXTRA		RATE	FEE		RATE	FEE
	BASIC FEE			1			\$	OR		<u> </u>
TOTAL	R 1.16(a)) .	19	/9 minus 20 = .			x s=		OR	x \$=	
•	R 1.16(c)) ENDENT CLAIMS		\			× s =		OR	x s=	
<u> </u>	(37 CFR 1.16(b)) 2 minus 3 =					+5 =		OR	+ 5 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								0.0	TOTAL	
* If the	e difference in col	umn 1 is less than	zero, ente	er "0" in column 2		TOTAL		OR	TOTAL [	
		AIMS AS AME							- THE D	711681
_/	/ / / /	1.10			(Column 2) (Column 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
4//	4/04	(Column 1)	r	HIGHEST			ADDI-	1	RATE	ADDI-
A FZ	·	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		10.112	TIONAL FEE
ENDMENT	Total	- 19	Minus	. 20	=	x \$=		OR	X \$=	
ᄝ	(37 CFR 1.16(c)) Independent	. 2	Minus	<sup></sup> 3	=	x \$=		OR	x s=	
AME	(37 CFR 1.16(b))			TATI CLAIM (37 CE	R 1 16(d))	+\$ =	-	OR	+ \$=	
	FIRST PRESENTA	ATION OF MULTIPLE	DEPENDE	SALCEAINI (S. S.		TOTAL		OR	TOTAL ADD'L FEE	
						ADD'L FEE	L	<b>」</b> ⋯	ADDETE	ļ
7/3	12/04	(Column 1)		(Column 2)	(Column 3)	f	ι —	٦	<u> </u>	
- B ⊢	i	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
A E N	Total	AMENDMENT	Minus	**	=	x \$=		OR	x \$=	
MON	(37 CFR 1.16(c)) Independent	•	Minus	***	=	x \$ =		OR	x \$=	
AMEN	(37 CFR 1.16(b))		<u> </u>	J	50.4.40(4))			OR	+s =	
\ <del></del>	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 C	FR 1.10(0))	+ \$= TOTAL	╂	-	TOTAL ADD'L FEE	
						ADD'L FEE	L	OR	ADDITLEE	<b></b>
		(Column 1)		(Column 2)	(Column 3)			<b>-</b> 7		<del></del>
0 1 0 1		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
I EN	Total	AMENDMENT	Minus	PAID FOR	=	x \$=		OR	x s=	
AMENDMENT	(37 CFR 1.16(c)) Independent	<del> </del>	Minus	***	=	1	1	OR	x <b>s</b> =	
1 1	(37 CFR 1.16(b))	<u> </u>	<u></u>			× \$=	1			
{	FIRST PRESEN	TATION OF MULTIP	LE DEPENO	DENT CLAIM (37 C	CFR 1,16(d))	+s_= TOTAL	<del> </del>	OR	TOTAL	<del> </del>
						ADD'L FEE	1	OR	ADD'L FEE	L

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.